

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009656

Entity Name: GULF COAST COLLEGE AND SEMINARY INC.**Current Principal Place of Business:**4110 HERRING AVE
MARIANNA, FL 32448**Current Mailing Address:**5667 LUNKER LANE
TALLAHASSEE, FL 32303 US**FEI Number: 47-3448990****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WILSON, NELSON D DR.
3122 MAHAN DR
STE 801 274
TALLAHASSEE, FL 32308 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: NELSON D WILSON****03/02/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DEAN, VICE
CHANCELLOR
Name WILSON, NELSON D DR.
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title VP, ACADEMIC OPERATIONS
Name FORWARD, HENRY DR.
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title VP, CAMPUS OPERATIONS
Name GREENE, DAVID DR.
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title VP, ECAMPUS OPERATIONS
Name CURRY, JOSEPH REV.
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

Title OTHER, OWNER/OPERATOR
EDUCATION BASED CONSULTANTS
OF AMERICA LLC
Name JOHNSON, ABE DR.
Address 3122 MAHAN DR
STE 801 274
City-State-Zip: TALLAHASSEE FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NELSON D WILSON**PRESIDENT****03/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date